

**ASSISTANCE DOG SPECIAL ALLOWANCE
APPLICATION**

Department of Social Services
Assistance Dog Special Allowance (ADSA)
744 P Street, M.S. 6-94
Sacramento, CA 95814
Phone (916) 657-2628 V/TDD

1. Social Security Number: _____ Date: _____

2. Name: _____

3. Mailing Address: _____

(If you want your checks mailed to another address to directly to your bank, see reverse side.)

4. Area code & phone number: (_____) _____

5. Would you prefer your renewal application on a 3.5 IBM compatible floppy disk? ☐ Yes ☐ No

6. Are you receiving ☐ SSI/SSP (Supplemental Security Income/State Supplementary Payment)
☐ IHSS (In-Home Supportive Services)

7. Disability: ☐ Blind ☐ Deaf/Hearing Impaired ☐ Disabled

8. Do you have a: ☐ Guide dog ☐ Signal dog ☐ Service dog

9. Dog's name: _____ Date Acquired: _____.

This dog was trained by the following school or dog trainer:

Their area code & phone number are:

(_____) _____

I declare under **penalty of perjury**, subject to prosecution as the crime of perjury under the Penal Code, that the information given on this application is true and correct. I understand that the school or dog trainer named above may be called to verify these statements and I hereby consent to this verification.

Applicant signature _____

_____ (_____) _____

Signature and phone number of person witnessing applicant's mark, if applicable

See reverse side

The law and regulations governing this action are:
Welfare & Institutions code Section 12553
State Welfare Manual Section 46-430

PAYEE AND/OR ADDRESS FOR RECEIPT OF CHECKS:

If you want to receive your notices at the address shown on the front of this form but you want your checks mailed to different address, please show the address for your checks below. If you want your check mailed to your bank, be sure to include your account number:

Payee: _____
(Bank)

Account#: _____ Phone: (____) _____

Address: _____

State law (Welfare and Institutions code Section 12553) authorizes the California Department of Social Services to collect and maintain the information on this form to administer the ADSA program. This information is used only to determine initial or continuing eligibility for this program; no further transfer of information is foreseen. The disclosure of your Social Security Number is required by Title 42 U.S. Code Section 405 and Welfare and Institutions code Section 12553.